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Translation and purification: Ayurvedic psychiatry, allopathic psychiatry, spirits and occult violence in Kerala, South India

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ABSTRACT
In this paper, the author traces two parallel movements of institutionalized Ayurvedic psychiatry, an emergent field of specialization in Kerala, India: the ‘work of purification’ and the ‘work of translation’ that Latour has described as characteristic of the ‘modern constitution.’ The author delineates these processes in terms of the relationship of Ayurvedic psychiatry to (1) allopathic psychiatry, (2) bhutavidya, a branch of textual Ayurveda dealing with spirits, and (3) occult violence. The aim is to offer a model of these open and hidden processes and of Ayurvedic psychiatry’s positioning within a hierarchical mental health field characterized simultaneously by biopsychiatric hegemony and a persistent vernacular healing tradition. Through these processes, Ayurvedic psychiatry emerges as a relevant actor. It demarcates itself from both allopathic and vernacular epistemologies and ontologies while simultaneously drawing upon aspects of each, and, in this way, shows itself to be both deeply modern and highly pragmatic.

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In the early 2000s, mental health began moving from a marginal issue to one of the central problems addressed by the World Health Organization (WHO) and other global health groups. Pointing to a ‘treatment gap’ for mental disorders particularly in lower income and middle-income countries, these organizations are calling for awareness-raising, de-stigmatization, and the scaling up of psychiatric treatment services (WHO 2008). In response to these demands, health policy stakeholders in India have increased efforts to expand the mental health sector, particularly community mental health care (for recent critiques, see Jain and Jadhav 2009). Mental health policies in India have since then been characterized by an intensification of existing medicine policy agendas of the Indian state with their ideology of the centrality of science. It was this science-centeredness of Indian medical policy that has been blamed to have led to neglect and antipathy towards recognized Indian systems of medicine. It can be speculated that it is the increasing power of global and national health policy stakeholders that has now led to extensive efforts to implement an otherwise unimplemented policy. Stakeholders such as the national governmental, mental health workers, NGOs, the WHO and the media have increasingly promoted a ‘rational’ and ‘scientific’ understanding of mental illness. This approach entails
discarding what are often considered to be ‘superstitious’ assumptions and practices related to mental illness. Because religious healing centers have come to be regarded as backward, counter to modernity and science, and even as a human rights threat, this approach also comprises efforts to curtail or control them by incorporating allopathic treatment into the ritual treatment already offered (Basu 2014; Quack 2012). The stated aim is to reduce stigma by fostering the understanding that ‘mental illness is just like physical illness’ by comparing it to other chronic somatic diseases requiring lifelong medication, such as diabetes. In other words, emotional and mental distress have been redefined as organic diseases that affect the brain in much the same way that other diseases affect other organs.

At the same time, the process of seeking mental health care in Kerala is complex and multifaceted. Patients often visit a variety of specialists, receiving care in allopathic mental hospitals or general hospital psychiatric units in addition to visiting Hindu or Muslim ritual healers, Catholic priests or, increasingly, Ayurvedic psychiatrists. Although mainstream Indian psychiatrists have maintained an interest in Ayurvedic concepts and mental illness management practices since the 1950s, Ayurveda has not until recently played a significant role in public mental health care in Kerala or elsewhere in India (Weiss 2015). In recent years, however, the discipline of Ayurvedic psychiatry has emerged as a small but growing field. Because different forms of mental health care and healing are nested within a clear hierarchy in Kerala—with allopathic psychiatry at the top, followed by Ayurvedic psychiatry and finally vernacular healing—there are unique demands on the field of Ayurvedic psychiatry to establish itself as a credible actor within India’s mental health care system. Although it presents itself as a reinvention of ancient textual knowledge, I argue that the field is in the process of being created in contemporary times.

Drawing from Bruno Latour’s (1993) concepts of the ‘work of purification’ and the ‘work of translation,’ in this paper, I trace two parallel movements taking place within institutionalized Ayurvedic psychiatry. In his book We Have Never Been Modern (1993), Latour introduces the concept of ‘the modern constitution.’ He argues that the modern human condition is characterized by dual processes of purification and translation. First, the process of ‘purification’ delineates two entirely distinct ontological zones, that of humans and that of nonhumans. Purification’s main task is to police the boundaries between these two zones—in other words, between nonhumans/humans, nature/culture, body/mind, tradition/modernity, scientific/non-scientific, and medicine/religion. Second, the parallel process of ‘translation’ references the interactions between both realms that occur constantly but are obscured by the work of purification. In the mental health field, while medical authorities and policy-makers police the boundaries between medicine/religion and science/non-science, patients and practitioners constantly blur, or translate, these boundaries by navigating different ontologies and practices (Naraindas, Quack, and Sax 2014), thereby producing what Latour terms ‘monsters,’ or hybrid forms that transcend boundaries. A relevant question is thus: What can we learn from Latour about the establishment of Ayurvedic psychiatry as a significant actor in Kerala’s mental health care network?

Scholars of Ayurveda have addressed Ayurveda’s engagement with allopathy as ‘syncretism’ (Leslie 1976), ‘epistemological carnival’ (Cohen 1995), appropriation (Lang and Jansen 2013), and most recently ‘creolization’ (Naraindas 2014). Langford (2002) speaks
of the ‘(re)invention of Ayurveda’ and has explored more specifically Ayurvedic psychiatry, especially its mimicking of the European psychotherapeutic self. Halliburton (2009) has described the theory and treatment of psychopathology at one government Ayurveda Mental Hospital (GAMH), especially in its aspect of being more pleasant than allopathic treatment. Finally, Gigueré (2009) has focused her analysis of the Ayurvedic psychiatric practice at the GAMH on multiple levels of etiology. Scholars of Ayurveda and of Ayurvedic psychiatry have not yet addressed Ayurveda’s engagement of both allopathy and vernacular healing and the multiple negotiations and strategies of legitimization that arise from it. In addressing the establishment of Ayurvedic psychiatry as a significant actor in Kerala’s mental health care network, I seek to contribute a fresh scholarly perspective on Ayurveda and its role in India’s mental health pluralism, one that takes into account both global and national mental health politics and local power and ontological hierarchies.

Aspects of this double process of translation into science and purification from spirits and religion that I analyze in this article have also been described for other forms of indigenous medicine, for instance Tibetan medicine (Adams, Schrempf, and Craig 2011), traditional medicine in Tanzania (Langwick 2007), African medicine (Last and Chavunduka 1986), or Traditional Chinese Medicine (Scheid 2002). These scholars who have studied the modernization of ‘traditional’ medicine have analyzed scientization and secularization to analyze the processes by which they have adapted to the challenges posed by biomedicine. A Latourian approach is capable to capture these multiple engagements of professionalization and scientification, on the one hand, while, on the other hand, taking into account vernacular models of affliction by demonstrating both the ideology and the pragmatics of both. This approach is able to show both processes of translation and purification both ‘up’ and ‘down’ the epistemological and ontological hierarchy of mental health care in Kerala while at the same time recognizing different purposes of these double processes. It further offers a glance at the complexities of demarcating and making use of other modes of curing and healing.

Latour’s model provides a productive framework for conceptualizing the processes occurring in Ayurvedic psychiatry in modern-day Kerala. In this paper, I delineate the processes of purification and translation evident in the relationship of Ayurvedic psychiatry to (1) allopathic psychiatry, (2) bhutavidya, a branch of textual Ayurveda dealing with spirits, and (3) occult violence. My aim is to offer a model of these open and hidden processes and of Ayurvedic psychiatry’s positioning within a hierarchical mental health field characterized simultaneously by allopathic psychiatric hegemony and a persistent vernacular healing tradition. I argue that through these processes, Ayurvedic psychiatry emerges as a relevant actor. It demarcates itself from both allopathic and vernacular epistemologies and ontologies while simultaneously drawing upon aspects of each, and, in this way, shows itself to be both deeply modern and highly pragmatic.

Methods

The data on which this article is based were collected during a total of 14 months of ethnographic fieldwork in Kottakkal, Malappuram district and in two towns in Ernakulam district in Kerala, South India, between 2009 and 2014. I used a variety of ethnographic methods to capture the perspectives of three groups of practitioners. First, in order to examine the Ayurvedic psychiatric perspective, I conducted fieldwork in Kottakkal at the
Government Ayurveda Mental Hospital (abbreviated throughout this paper as GAMH) and in the Department of General Medicine of the P.S. Varier Ayurveda College, which offers the Medical Doctor of Ayurveda (M.D.) course Knowledge of the Mind and Mental Diseases [mano vigyan avum manas roga], often translated by the students as Psychology and Psychiatry. In Ernakulam, I conducted three months of fieldwork in the private clinic of an Ayurvedic psychiatrist. I participated in outpatient and inpatient consultations, classroom teachings and debates; conducted formal and informal qualitative interviews with psychiatrists, general doctors, college- and traditionally trained teachers, students, patients, and family members; analyzed patients’ medical charts; and participated in political demonstrations and press conferences. I observed the daily clinic routines and accompanied patients to outside therapies.

My second aim was to gain the perspective of biopsychiatrists, psychologists and psychiatric social workers on Ayurvedic psychiatry and to interview patients and family members outside the Ayurvedic context. Accordingly, I worked for five months in biopsychiatric institutions (a mental hospital and two psychiatric units in general hospitals in the Ernakulam district), participated in regional and national psychiatric conferences, and interviewed mental health policy-makers. Third, to gain the perspective of ritual healers, I interviewed and observed Brahmin priests in northern Kerala practicing Ayurveda and mantravadam (healing through mantras), astrologers, thangals (Muslim healers), and Catholic priests treating their clients. Finally, I analyzed media reports and public discussions about mental health, psychiatry and Ayurveda in Malayalam and English newspapers, magazines, television broadcastings and the Internet.

Ayurvedic and allopathic psychiatry

The question of how modern psychiatric classifications of mental disorders can and should be translated into Ayurvedic nosologies is a topic of continuing debate in classrooms, conference presentations, journal articles, and in discussions with practitioners. It also plays out in daily clinical encounters with patients. Students and practitioners of Ayurveda start from the premise that the two nosologies and assumptions of what constitute the body and mind, mental health and illness cannot be matched neatly, and in principle are untranslatable. For example, when I asked Ayurvedic psychiatrists about Ayurvedic concepts that correlate with depression, one doctor explained that:

You won’t find categories [in our texts] such as depression, schizophrenia or mania as you find them in the ICD [International Classification of Diseases]. What you will find are umbrella terms such as vata unmada, pitta unmada, kapha unmada or adhija unmada. Unmada is madness or mental illness...They can be correlated with some aspects of psychiatric diagnoses, but not with all.

Ayurvedic psychiatrists propagate a fundamentally different yet equally valid and reliable approach towards mental health. This basic untranslatability or ‘parallelism’ (Leslie 1976) becomes obvious in the syllabus draft for the course Ayurvedic Psychology and Psychiatry, edited by the Central Council of Indian Medicine (CCIM). In it, ‘modern’ and ‘Ayurvedic’ etiologies and nosologies are merely juxtaposed without an attempt to relate them to one another (cf. Wolfgram 2009). For example, postgraduate students of Ayurvedic psychiatry study the concept of the mind in different Indian shastric (scholastic)
traditions, including the three Ayurvedic classics, as well as in modern psychology. They write papers on the classifications and terms of mental disorders, their etiologies and diagnostic tools in Ayurvedic classics and allopathic textbooks. They study different forms of psychotherapy, such as behavioral therapy and psychoanalysis, along with yoga and other Ayurvedic tools. They learn the importance of intellect, willpower, and memory for mental health. They are taught dravyaguna (often translated as ‘Ayurvedic pharmacology’) along with basic allopathic psychopharmacology. This parallel organization of knowledge becomes even more obvious when considering the temporal organization of classes. A class on Schizophrenia: The Modern View would be followed by a class on Schizophrenia: The Ayurvedic View, without an effort to develop an integrative model. Thus, students study both ‘modern’ and Ayurvedic nosologies, etiologies, and therapies. However, they study them in parallel and juxtaposed to each other, without prioritizing one over the other, without relating them to each other, without reconciling their ontologies, and without logically linking them into one coherent model.

Ayurveda and allopathy are also kept strictly separate on institutional levels. For example, doctors working at the GAMH emphasize that it is a ‘pure’ Ayurvedic hospital: the mental state examinations and diagnoses are Ayurvedic, and the drugs and procedures prescribed are Ayurvedic. It took me quite some time, however, to understand that almost all patients at GAMH and Ayurveda College continue the psychopharmaceuticals previously prescribed by allopathic psychiatrists. Indeed, GAMH doctors do not prescribe allopathic drugs; the parallel treatment approach is the result of legal regulations restricting Ayurvedic doctors from prescribing or stopping allopathic medication.

The main aim of policing the boundaries between Ayurvedic and allopathic psychiatry is, I argue, to establish and institutionalize a separate and distinct yet equally valid alternative theory and practice of mental illness and mental health. In this way, doctors maintain a space for Ayurveda in a field dominated by allopathic psychiatry. Though, as described above, Ayurvedic psychiatrists emphasize the basic untranslatability between Ayurveda and allopathy, translation in both the conventional and the Latourian sense is exactly what they do all the time by appropriating biomedical nosologies and integrating them into Ayurvedic theories. In classroom debates, research theses, in recording diagnoses in patients’ medical charts and in our interviews, students and practitioners of Ayurvedic psychiatry are constantly involved in translation processes, though they prefer to call it ‘correlations.’ There are several reasons for this. First, most patients in Kerala are more familiar with notions such as schizophrenia, mania, or depression than with Ayurvedic terms of mental illness. Second, many come equipped with these terms to Ayurvedic clinical encounters, and doctors are forced to ‘pre-translate’ (Wolfgram 2009) Ayurvedic categories. For example, a Catholic Ayurvedic practitioner stated:

People are more scientific than us. They get onto the Internet and study all about the etiology of the disease, the process of the disease, and its treatment. All those things are well-studied [in allopathy] and people come to us with this knowledge. The Internet is a possibility to enter into this kind of teaching themselves. But we [Ayurvedic doctors] will speak another language, that of Ayurveda.

This point is further illustrated in the following quote by an Ayurvedic psychiatrist:

The reason for this [translating] is if a patient is coming, we cannot get the data of how many kaphaji unmada [a despondent, phlegmatic state of “madness,” often translated into “severe
depression”) persons are there in Kerala. But we can get the data of how many depression patients there are. So we have to look: what are the diseases currently, what diseases are prominent, what diseases cause problems in society? So by seeing and studying the disease we will compare it to Ayurvedic parlance. But we have to treat only [on the basis of Ayurvedic categories]. We correlate modern diagnoses to Ayurvedic parlance.

As illustrated by these quotes, Ayurvedic psychiatrists must engage allopathic psychiatric knowledge and terminology to make themselves understood, taken seriously, and considered relevant by both patients and allopathic psychiatrists. In this way, they ‘translate up’ the hierarchy to establish Ayurvedic practitioners, knowledge and drugs as actors in mental health care. While doctors are convinced of the epistemological incompatibility of the two systems on the level of ideology which leads them to the construction of boundaries, in practice, they are often involved in translation processes both for the sake of legitimacy and for patients’ and their caretakers’ understandings.

Another closely related motivation for translating up is the need for ‘scientific’ research. Dr Chandra, an allopathic psychiatrist working in the psychiatric unit of a private multi-specialty hospital, criticized Ayurveda, like many of her colleagues, for not producing research:

The problem is that they take their knowledge from very old texts. It’s not translated into research. Where are the randomized controlled trials of Ayurvedic medicines testing their efficacy? Without any research they cannot claim that it is effective. Ayurveda is basically a traditional kind of healing. The concepts are very different. It is talking about humors. That’s not a scientific way. The concept of mental illness is totally different in Ayurveda. There is no concept of neurotransmitters. The latest developments that are happening in modern medicine, they should benefit by that and modify it, but that doesn’t happen. Most modern doctors are convinced that it is all humbug. There isn’t much to it. It wouldn’t stand scientific scrutiny.

This is a harsh critique and Ayurvedic psychiatrists are familiar with it. Most of the interviewees who had completed the M.D. course in Ayurvedic psychiatry and/or work at Ayurvedic institutions explicitly call for research and accuse the Central Council of Indian Medicine (CCIM) and the Directorate of Indian Systems of Medicines of not supporting research in Ayurvedic psychiatry. Although the GAMH is officially termed ‘Government Ayurveda Research Institute for Mental Diseases,’ employees complained that, in fact, no real research happens there apart from the small-scale studies conducted by postgraduate students for their M.D. degree. For this reason, in 2013, GAMH doctors drafted a report for the Kerala health minister entitled Vision 2020, which recommended dividing the hospital into separate research and treatment wings. Dr Shaila, a GAMH doctor, elaborated:

This is considered a research institute actually, but it operates like a hospital. There is no research organization substructure here. There should be a principal investigator, researchers, research staff, some kind of scientific and ethical committee, publications, communication… According to our experience, 100% of [patients with] psychological and behavioral disorders benefit from Ayurvedic interventions. 60% can be managed by Ayurvedic interventions alone; 40% require modern psychiatric intervention. For this latter group, Ayurvedic interventions can be used as adjacent or to manage the side effects of the modern medicines; in this case, it improves quality-of-life. In long-term maintenance, modern medicines can be tapered, sometimes even replaced by Ayurvedic medicines. But whatever we say, the actual significance should be supported by actual research data. So for policy, recommendations based on research data are [necessary].
Ayurvedic practitioners draw evidence, or truth claims, from three different sources: Ayurvedic shastra (the classics), anubhava (their own experience), and yukti (logical inference or reason) (cf. Wolfgram 2010). Thus, clinical experimentation has always been part of the generation and enhancement of knowledge by Ayurveda practitioners (cf. Trawick 1992). As the quote by Dr Chandra exemplifies, however, randomized controlled trials are considered the hallmark of evidence-based medicine (cf. Ecks 2008), and as such are expected from every actor in the mental health care network, whether they are designed to study psychiatric drugs, psychotherapeutic techniques or Ayurvedic medicines. This is an expectation that Ayurvedic psychiatrists also share, despite noting that research is not for their own knowledge enhancement but rather to ‘prove’ the efficacy of Ayurvedic medicines and procedures to ‘modern people,’ i.e. allopathic psychiatrists and mental health planners.

In other words, in stark contrast to biomedical research, the aim of Ayurvedic research is not progress or development of knowledge per se, but rather to generate proof of already-existing knowledge as laid out in the classical texts. The following quote is an excerpt from an interview I had with Dr Krishnan, a teacher of Ayurvedic psychiatry:

We are doing research for other people, not for Ayurvedic people, [but] for other scientists apart from Ayurveda, to convince them there is something in Ayurveda. That is the purpose. So in that respect, when we discuss it, it has to be dealt with in their language. If we say this particular drug is effective in unmada [madness] or apasmara [epilepsy], nobody cares about it. They want [to know] very specifically, [for example], what is the role of Ayurveda in depressive disorders? […] So research is for them only, not for us. Because we are very damn sure about the effect of a drug. That we are daily practicing. That empirical experience is there.

Thus, research is the main tool through which several practices occur: Ayurveda seeks to legitimize itself vis-à-vis biomedical doctors, Ayurvedic pharmaceutical companies market medications, and Ayurvedic knowledge enters psychiatric regimes of truth. The effect of translating is twofold: Ayurvedic researchers integrate ICD nosologies into Ayurvedic terms and thus interpret classical texts in the framework of recent psychiatric classifications. At the same time, they confer authority to Ayurveda texts and clinical practice ‘to speak on behalf of’ (Callon and Latour 1981) allopathic psychiatry, thereby integrating themselves into a mental health care network dominated by allopathic actors.

**Ayurvedic psychiatry and bhutavidya**

Out of the eight branches of Ayurveda that are described in the classical texts Caraka Samhita, Sushruta Samhita and Asthanga herndayam Samhita, there is no one branch that focuses explicitly on mental illness. Instead, the texts deal with the theory and treatment of mental health problems in the context of two branches: (1) kaya chikitsa (general medicine) and (2) graha chikitsa (treatment of specific ‘grasping’ entities) or bhutavidya which may be translated as the vidya (knowledge) of the bhuta (literally a being, but also denoting a ghost, demon, spirit, or simply the past tense). All three classics differentiate between physiologically endogenous unmada (madness) and exogenous unmada. While the former denotes ‘madness’ due to an imbalance of one or more of the three dosha (humors), the latter denotes ‘madness’ with reference to external entities. Today, the theory and
The practice of Ayurvedic psychiatry mainly focuses on endogenous *unmada* and either discards or is ambiguous with regard to exogenous *unmada*. Indeed, the very notion of the existence of exogenous *unmada* and *bhutavidya* (or *graha chikitsa*) has led to a highly controversial debate among Ayurvedic psychiatrists. The crux of the controversy lies in whether or not the *bhutas* or *grahas* are to be understood as possessing entities or as mere metaphors describing sudden changes in behavior or character (Lang and Jansen 2013; Naraindas 2014). Indeed, the classical texts themselves are highly ambivalent about this point (Weiss 1977). A related question, which presumes the ontological existence and agency of the spirits, is whether the motivation for a *bhuta* or *graha* to possess a human being is located in the spirit itself, in the faulty behavior of the afflicted person, or in a malevolent third person as found in the practice of sorcery and counter-sorcery. Finally, it is highly controversial as to whether or not *bhutavidya* has ever been practiced as a branch of Ayurveda.

Many scholars of Indian medicine would likely agree to translate *bhutavidya* into something like knowledge or science (*vidya*) of existent beings (*bhuta*) ‘most of which are invisible or assumed to be inhabiting other beings, the most important of which is humans, and are believed to cause various diseases, including certain forms of mental illness’ (Smith 2006, p. 472). However, all Ayurvedic psychiatrists with whom I discussed this issue translated *bhutavidya* into ‘Ayurvedic psychiatry,’ despite the fact that, as noted above, the theory and treatment of mental disorders in Ayurveda draws largely on sections of the classical texts other than *bhutavidya*. Through a rhetorical maneuver, *bhutavidya* is reconfigured as ‘Ayurvedic psychiatry’ (as in a GAMH poster in Figure 1).

While some scholars have translated *bhutavidya* as ‘demonology’ (Bhugra 1996; Obeyesekere 1976), *bhuta* were interpreted by some Ayurvedic practitioners as bacteria, viruses, and fungi in a mid-twentieth century effort to biomedicalize Ayurvedic categories. Accordingly, *bhutavidya* was categorized as bacteriology in some textbooks and by some clinicians (Langford 2002, p. 87; Lang and Jansen 2013; Naraindas 2014). However, not all physicians would have agreed with this. Later, the sections on *bhutavidya* in the Samhitas became reinterpreted and integrated into what is today called Ayurvedic psychiatry by college-trained Ayurvedic practitioners, but not, of course, without purifying them of their reference to spirits. While in their translation as bacteria, viruses or fungi, the externality and ontology of the *bhutas/grahas* are retained, the translation of *bhutavidya* into Ayurvedic psychiatry abolishes agency and ontology entirely. Halliburton interprets bhuta/graha diagnoses as reminiscent of possession (2005, p. 125). Using Ramanujan’s (1989) model of modernization as a movement from the context-dependent to the context-free, he interprets the movement from grahas to doshas as an erosion of a specific and personalized context (possession) towards universal categories (Ayurvedic or allopathic diagnoses). The translation of bhutavidya into Ayurvedic psychiatry is then another aspect of the movement of Ayurveda towards the context-free and thus in line with Ramanujan’s model of modernization.

All Ayurvedic psychiatrists with whom I spoke distanced themselves from the understanding of *bhuta* or *graha* as spirits or demons. For example, in my first talk with a former GAMH principal, he criticized the ‘misconceptions’ about *bhutavidya* held both by Ayurvedic practitioners (who discard this branch because of this assumption) and by ‘society’ at large:
Bhuta [means] ghost or devils; that is the image of every Indian. While hearing the word bhut, they immediately think it is a ghost or goblins or devils. Actually, they don’t know the meaning of the word bhuta, which is “living organism.” For that you have to study Ayurveda for many years. The postgraduate teachers also don’t know about this, so this is not too easy.

Other Ayurvedic psychiatrists in this study confirmed their patients’ belief in the link between bhutavidya and sorcery. Indeed, it was clear from interviews with patients and caretakers that many associate mental illness with possession or sorcery. Most have a long history of seeking diagnosis and treatment from astrologers and religious healers alongside biomedical and Ayurvedic practitioners. Figure 2 is an example of a poster designed by Ayurveda College psychiatry students that seeks to break the association between Ayurvedic psychiatry and demonology.

Another example of the exclusion of spirits from Ayurvedic psychiatry concerns medication. In the classical texts, spirits and sorcery are among the indications for certain Ayurvedic medications. Although these medications are still widely used, contemporary practitioners no longer identify spirits or sorcery as indications for them. For example, a widely used medication called Kalyanaka grtha is described in two of the classics as beneficial for warding off evil spirits and curing unmada, in addition to cough, epilepsy, and
anemia, among others. However, contemporary Ayurvedic psychiatrists now use it only for certain forms of endogenous unmada (madness) and ignore the other ‘indications.’

Moreover, the literal understanding of bhutas or grahas as spirits has been replaced by a mere metaphorical or descriptive understanding as ‘behavioral similarities’ to certain spirits or other mythological figures. For example, diagnosing a patient with preta graha means that the ‘appearance and activities which resemble a cadaver or like a person who is [as] still as dead. Activities of the person are highly reduced, reduced body movements, slowed intellectual activities and reduced talk,’ writes Anwar (2004) in his M.D. thesis on the correlation of depression with Ayurvedic categories. Graha then is reduced to mere descriptive symptom categories without signifying etiology. The resultant etiological or ontological gap is exemplified in a classroom discussion with Dr Murali, an instructor in a general medicine department, and his postgraduate students. When asked if preta graha referred to the symptom of being ‘like a cadaver’ or to the cause itself, Dr Murali and the students affirmed that it describes the symptoms only. According to the classical texts, the cause would be a spirit, but Dr Murali maintained that ‘the cause you cannot tell,’ thus leaving ontology purposefully open and disregarding the potential role of spirits.

In Ayurvedic psychiatry classes at the College, students and professors correlated graha unmada with psychotic disorders, in which graha are regarded as the proportion of psychotic features in a patient. Dr Sundaran, in his classic Malayalam-language work on
Ayurvedic psychiatry, *Treatment of Mental Diseases in Ayurveda* (1993), translates *bhuta unmada* or *graha unmada* as a ‘personality disorder.’ Thus, *graha unmada*, in the classical texts only treatable by religious ritual measures, are rendered medically ‘untreatable’ (Sundaran 1993). In another interpretation, Dr Joshua, a young Ayurvedic psychiatrist in private practice, understood the different forms of *graha unmada* as an elaborate classification system for types of delusion. The understanding of *bhuta* or *graha unmada* as ‘psychotic features,’ as ‘personality disorders’ or as ‘delusions’ serves the same purpose: it transfers causality from exogenous causes onto internal configurations that conform to a modern psychiatric view of mental disorders. This translation thus deprives *bhutas* and *grahas* of ontology by transposing them onto the inner psyche.6

I often asked practitioners and students at GAMH if they use *graha* diagnostics with patients. Most of them began their explanation by stating that *grahas* are not used for diagnoses since the treatment is based purely on *dosha* (endogenous) diagnoses. A *graha* diagnosis is only considered when symptoms cannot be classified into either *dosha unmada* or *apasmara* (epilepsy). However, the former was never written in medical charts, nor was it used for explaining the diagnosis to patients or families. Doctors argued that *bhuta* could potentially be “misunderstood” by people as being “related to demons and exorcism,” which would thereby discredit Ayurvedic psychiatry and mark it as unscientific, superstitious, and antiquated. Although symptoms were listed in detail in the charts and a *dosha*-based diagnosis was usually recorded (though often this field had been kept blank), I never saw a *graha* diagnosis in a patient chart.

As elsewhere, allopathic psychiatrists in India struggle for psychiatry to be recognized as scientific compared to other, more somatic, biomedical fields of specialization. However, Ayurvedic psychiatry struggles to be recognized as a science to a much greater extent than does allopathic psychiatry. Specifically, it suffers a double burden in that: (1) Ayurveda in general is not recognized as a science by allopathic practitioners, and (2) the descriptions in the *bhutavidya* sections of the classical Ayurvedic texts come close to vernacular framings of mental illness as spirit possession or occult violence, from which practitioners and students feel compelled to demarcate their practice. Thus, the main aim of policing the boundaries between Ayurvedic psychiatry and the world of sorcery and spirits would be to purify Ayurvedic psychiatry from these vernacular assumptions, and from practitioners that they might regard as quacks, in an effort to establish it as a science. Through these practices of purification Ayurvedic psychiatrists contribute to the professionalization (Brass 1972; Leslie 1976; Langford 2002) of institutionalized Ayurvedic psychiatry centered on the Sanskrit classical body of knowledge to the exclusion of subaltern, non-textual knowledge and practice.

**Ayurvedic psychiatry and occult violence**

In vernacular theories, a sudden change of character and behavior is often seen as a symptom of *kaivisham*. Literally meaning ‘poisoning of the hand’ but often translated by English-speaking Malayalis as ‘magic poisoning,’ *kaivisham* is a form of occult violence that is specific to the local context of Kerala. Originally, it denoted two types of ‘sorcery.’ First, it referred to intentional poisoning by means of a substance like arsenic, glass powder or crushed hair, enriched with mantras, which is mixed into the victim’s food to cause *dosham* (mental, somatic, familial, or economic difficulties). The second type of use was
love magic, leading a person to fall in love with the one who administers it. Sometimes the two meanings converge. Today, *kaivisham* is either understood in the latter sense as occult violence or it is rationalized and medicalized to denote poisoning through toxins in industrially processed, non-organic or genetically modified food, incompatible food (in the Ayurvedic sense), or alcohol abuse.

As a form of occult violence, *kaivisham* arises in a social climate of envy, jealousy and competition. Tarabout (2003, p. 219) writes that ‘Kerala may offer few examples of openly violent conflict but passions express themselves in more discreet, but no less fearsome modalities.’ *Kaivisham* is primarily mediated by astrology (Smith 2006) and is identified in *Prashnamarga*, the most influential and widely used astrological text in Kerala, as one of eleven possible sources of occult violence (cf. Tarabout 2003; Smith 2006). Accordingly, an astrologer refers patients either to a ritual *kaivisham* specialist or to an Ayurvedic doctor for treatment. A detailed astrological analysis can determine both the cause and perpetrator of the *kaivisham*, often in a somewhat cryptic manner that leaves ample room for the afflicted family to debate disturbed social relations with relatives, neighbors or colleagues. Thus, it is astrologers who invoke the idiom of occult violence and frame social conflict as spirituo-physiological affliction. In Kerala, the treatment of *kaivisham* is undertaken in the well-known Tiruvizha Temple or in smaller treatment centers, and consists of intense vomiting brought about by the consumption of ritually charged herbs.

Ritual specialists in treatment centers have observed an enormous increase in people seeking treatment for *kaivisham* over the last ten years. Various explanations have been offered: social conflict due to increasing competition and social inequalities, declining moral standards related to the decreasing value placed on joint families and decreasing influence of elder family members on younger ones, increasing mental health problems, and changing diets.

Several Ayurvedic doctors enrolled in Ayurveda College in Kottakkal equated *kaivisham* with the Ayurvedic notion of *garavisha*. According to them, Ayurvedic sources differentiate between two kinds of poison: natural poison and *garavisha*, which is poison administered with the intention of destroying or attracting. They explained that *garavisha* can be understood as a low-potency poison that the body cannot fully digest, metabolize, or expel, so it accumulates and slowly becomes toxic, leading to digestive impairment. These substances can take the form of toxic chemicals in one’s daily food, alcohol, ‘incompatible food’ as per Ayurvedic standards, or substances purposefully administered to someone like insect feces, hair, nails, metals or glass powder. This affects the whole system, including the mind, and can bring about personality changes and mental disorders such as depression or psychotic symptoms.

In her M.D. thesis, *An Analytical Study of the Concept of Garavisha and its Contemporary Relevance*, Swayamprava (2009) analyzes the concept and treatment of *garavisha* as described by Ayurvedic texts and its contemporary conceptualization as *kaivisham* in Kerala. Apart from vomiting as a first line of treatment, Ayurvedic classics describe the chanting of *mantras* as a quick and effective way to eliminate *garavisha* from the body, as *mantras* are light and pure in nature and thus opposite to *garavisham*. In a way typical for college-trained Ayurvedic practitioners, Swayamprava reinterprets Ayurvedic spiritual treatment in a neurochemical way in the sense that the sound of chanted *mantras* creates chemical changes in the brain, or, in Ayurvedic terms, it ‘cleans the channels’ through which the mind moves. Swayamprava correlates *garavisha* with toxic chemicals found in
fertilizers or pesticides, adulterated food and water, incompatible food, and alcohol, thereby offering a ‘scientific view’ that excludes both the intentionality of the act and its potential occult aspects. Thus, the Ayurvedic textual conceptualization of kaivisham (as garavisham) and its treatment does not differ greatly from how it was discussed by practitioners at GAMH and kaivisham treatment centers.

In Ayurvedic psychiatry, vamana (similar to, but not the same as the vomiting in the treatment of kaivisham) is an important treatment for cases of kapha unmade, or what is generally translated as ‘severe depression.’ Induced by consuming licorice and large quantities of milk, vamana is applied to eliminate aggravated kapha from the body’s channels, including its mind-carrying channels. After having been lubricated and transported into the gastrointestinal tract, the phlegm is vomited out, thereby purifying the mind, which is understood as a physiological substance. After this vomiting takes place, drug treatment and counseling can begin (see Lang and Jansen 2013). In contrast to its use in kaivisham, vamana is negotiated in Ayurvedic psychiatry as a scientific treatment, an impression reinforced in clinical practice by the use of biomedical devices during treatment such as stethoscopes or sphygmomanometers.

Contrasting with this scientific presentation, many patients and their relatives at the GAMH or in the private clinics of Ayurvedic psychiatrists understand vamana as a treatment for kaivisham, which they perceive as the cause of their problems. This perception is supported by some astrologers who send individuals diagnosed with kaivisham to Ayurvedic clinics rather than to dedicated kaivisham treatment centers such as Tiruvizha temple. The vomited bile is regarded by patients and family as a sign that the kaivisham has been expelled.

All Ayurvedic psychiatrists with whom I discussed the issue rejected the notion of kaivisham and regarded it as a superstitious and unscientific concept, thus ‘purifying’ Ayurvedic psychiatry of its ‘backwards’ connotations and implications. Yet, at the same time, they engage and make use of patients’ understanding of kaivisham’s role in mental illness in order to increase their compliance in therapeutic vomiting as part of Ayurvedic purifying procedures. Since many patients and their caretakers understand vomiting as a treatment for kaivisham, many explicitly ask for it. The Ayurvedic practitioners at the GAMH and elsewhere do not challenge this interpretation, and indeed engage this framing with their patients and translate ‘down’ the hierarchy in order to improve compliance. For example, in exchanges that I observed, psychiatrists explained that vomiting helps treat kaivisham and that the prescribed medications protect against this and other kinds of occult violence. Although strictly speaking this treatment is only indicated for kapha unmada (severe depression), doctors prescribe it for other patients in order to ‘satisfy their belief,’ as one expressed it. This explanation is further reinforced when GAMH doctors and some astrologers prescribe an expensive pill with the telling name Kaiwisham Padhara Gulika, which is purported to remove kaivisham. While Ayurvedic psychiatrists emphasize the mentally strengthening and anxiolytic effects of the pill, many patients and their families, supported by astrologers, regard it as a kaivisham antidote. One astrologer explained that the pill ‘absorbs all the poison from the body and nullifies its harmful effects. Then the poison will be expelled through the feces or urine.’

Therapeutic vomiting for purifying mind and body is the procedure in which Ayurvedic psychiatry, Ayurvedic notions of garavisham and vernacular ideas of kaivisham are intertwined. Common to both Ayurvedic psychiatric and vernacular framings is the
notion that mental health problems are caused by impurities or pollution that block the unhindered flow of substances, thus creating dosham (difficulties in one’s life); these problems can be treated by a one-time vomiting procedure that purifies mind and body. While doctors purify Ayurvedic practices of their vernacular ontologies and emphasize scientific modes of action, they pragmatically translate these ontologies to ensure patient compliance.

Conclusion: purification and translation

Latour (1993) argues that the ‘modern constitution’ is characterized by the double work of purification and translation, as shown in Figure 3.

The ‘work of purification’ above the line is the modern ideology that also plays out in practice. It creates two entirely distinct ontological zones, that of humans and that of non-humans. Its main task is to constantly police the boundaries between nonhumans/humans, nature/culture, or body/mind. Below the line, the work of translation does just the opposite; it generates new connections between different kinds of being. These new connections produce what Latour calls ‘monsters’—hybrids—that belong to neither category. With the work of purification, the moderns deny the ‘work of translation’ that goes on below the line, meaning the exchanges between realms that constantly occur in practice but are hidden by the work of purification. Although these two practices are dependent on each other, the ‘modern critical stance’ obscures the translations or what Latour calls ‘networks.’ Yet, as he notes, ‘the more we forbid ourselves to conceive of hybrids, the more possible their interbreeding becomes—such is the paradox of the moderns’ (Latour 1993, pp. 11–12). This is why Latour says that the moderns ‘practice the very things that they are not allowed to say’ (1993, pp. 11–12).

I will use Latour’s model as a basis for a modified model of the current state of Ayurvedic psychiatry. This model (Figure 4) focuses on the three realms that Ayurvedic psychiatrists attempt to keep separate through the work of purification but in fact continually translate into each other: Allopathic psychiatry, Ayurvedic psychiatry and the ontologies of spirits and occult violence.

Figure 3. Work of purification and of translation in the modern constitution, according to Latour (1993, p. 11).
The model shows practices of purification and translation occurring between (1) Ayurvedic and allopathic psychiatry, and between (2) Ayurvedic psychiatry and ontologies of spirits (bhutavidya) and sorcery (kaivisham). While the work of purification tries to keep these three realms separate and distinct, the work of translation creates hybrids of allopathic and Ayurvedic psychiatry. At the same time, the work of translation reassembles Ayurvedic psychiatry and the world of spirits and sorcery, practices and ontologies that were mixed in the past and some of them still continue (Sax and Bhaskaran Nair 2014) but were compartmentalized by modernization and by Ayurveda’s distancing from non-secular elements. As argued in this paper, both of these works serve different purposes. First, the purification of allopathy and Ayurveda establishes Ayurvedic psychiatry as a distinct and parallel mental approach, and similarly, the policing of the boundary between the world of spirits and sorcery demarcates Ayurvedic psychiatry from ‘superstition’ and ‘backwardness.’ At the same time, while Ayurvedic psychiatrists use translations between Ayurvedic and allopathic nosologies and etiologies for the former’s scientific recognition and for establishing it as an actor in the mental health network, they use translations into the world of occult violence to increase compliance in their patients. The line connecting these realms further shows that the work of translation not only integrates Ayurvedic psychiatry as an actor in mental health care but also in the treatment of occult violence. Finally, the model illustrates the ‘structural asymmetries’ or hierarchy of the three realms with regard to prestige, salary, funding, truth value and cognitive superiority: Allopathy is accorded the highest rung in the hierarchy, with Ayurvedic psychiatry in the middle, and vernacular healing and ideas of spirit possession and occult violence occupying the least prestigious position (cf. Naraindas, Quack, and Sax 2014).

Most Ayurveda scholars have interpreted the transformation of Ayurveda following its colonial encounter with Western medicine as a victory for proponents of mishra Ayurveda, an approach integrating Ayurveda and allopathy, over proponents of shuddha Ayurveda, which is conceived of as a ‘pure’ Ayurvedic approach and treatment (Brass 1972; Leslie 1976; Wujastyk 2008). To capture what Ayurvedic practitioners themselves have
depicted as *mishra* Ayurveda in pedagogics and clinical practice, scholars have proposed terms such as syncretism (Leslie 1976), hybridization, ‘epistemological carnival’ (Cohen 1995), appropriation (Lang and Jansen 2013), and most recently ‘creolization’ (Naraindas 2014). Other scholars (Wolfgram 2009) stress the victory of *shuddha* Ayurveda, at least on the level of ideology, as it was formalized into government policy through the work of the Shuddha Ayurveda Education Committee in 1963. I argue that it is possible to reconcile these two positions by recognizing, as I have shown, that processes of both integration and purification are present in ideology and in political, clinical and pedagogical practice. Considering processes of purification and translation simultaneously allows not only for the recognition that ‘integrative’ and ‘pure’ Ayurveda are both at work in the pedagogics and clinical practice of Ayurvedic psychiatry, it enables us to analyze the relations between Ayurveda and vernacular epistemologies and ontologies along with those between Ayurveda and allopathy.

In their efforts to establish Ayurvedic psychiatry as a distinct discipline or field of specialization, practitioners and students negotiate on two fronts. Vis-à-vis their Ayurvedic colleagues, they seek to justify the project of a distinct subfield focusing exclusively on the mind. Ayurveda has been described by its practitioners and researchers as holistic. Instead of separating body and mind, Ayurvedic practitioners regard and treat them as coexisting parts of a resonating system, in which psychological problems resonate in the body and somatic problems resonate in the mind. The ‘physiomorphism’ (a term used by Lévi-Strauss 1966, p. 22, in reference to magic) of Ayurveda has led practitioners to treat mental health problems through the body. Consequently, until recently, there has not been a separation in Ayurveda between practitioners treating the body and those treating the mind. The (re)invention of Ayurvedic psychiatry as a separate theory, practice and academic discipline in Kerala, which is influenced by the ontological and institutional power of allopathic psychiatry, establishes a distinction between body and mind that did not exist before. My findings support the argument put forward by Naraindas et al. that ‘because biomedicine is so overwhelmingly dominant throughout the world, the many forms of ‘alternative’ medicines are compelled to position themselves in relation to this basic, structuring dualism’ (2014, p. 9). Ayurvedic psychiatry pursues this by redefining (2014, p. 9) this structuring dualism and discovering it in its own past (reconfiguration of bhutavidya as Ayurvedic psychiatry) and by mimicking (Bhabha 1984; Langford 2002) allopathic division of medical fields of specialization. In establishing a distinct field of academic and clinical practice, Ayurvedic psychiatrists are building a niche for themselves by dividing up illness categories between illness of the body and those of the mind (although they largely treat primarily mental illness through the body, cf. Halliburton 2009).

At the same time, vis-à-vis allopathic psychiatrists and other mental health care planners, Ayurvedic psychiatrists seek to legitimize their discipline as a distinct yet equally valid and reliable theory and practice of mental health care that better suits the Indian patient than ‘Western psychopharmaceuticals,’ thereby constituting themselves as relevant actors in Kerala’s mental health care network. For this latter project, clinicians and students navigate the multiple simultaneous tasks of purifying theory and practice from allopathic psychiatry on the one hand and translating Ayurvedic concepts and treatments into allopathic ones on the other. Correspondingly, clinicians and students seek to purify Ayurvedic psychiatry from associations with spirit
possession and occult violence, but they often draw upon these same ontologies while interacting with their patients.

From Weiss’s (2015) review mentioned above, it becomes evident that in the past unmada, patients did not go to Ayurvedic practitioners, but were mostly consulting ritual specialists as earlier studies also suggest (Kapur 1979, Bhattacharyya 1986), although in Kerala, Ayurveda is not so detached from the treatment of mental illness as in other parts of India (Halliburton 2005; Weiss 2015). Earlier Ayurveda and ritual healing co-existed and it can be speculated that they were characterized by mutual respect. In institutional Ayurvedic psychiatric practice, I have not seen a single case that was referred by doctors to a mantravadi (Hindu ritual healer), an astrologer or to a kaivisham treatment center although doctors spoke with respect of the nearby traditional healing center Poonkudil Mana, a Namboodiri Brahmin house where healers offer a combined treatment of Ayurveda and ritual healing to treat mental illness and spirit possession (Sax and Bhaskaran Nair 2014), and of Kattumadam Mana, another Namboodiri house that offers treatment for afflictions related to spirits and occult violence. Otherwise, some astrologers sometimes referred clients they had diagnosed with kaivisham to the GAMH for treatment. Smith (2006, p. 550) also reports of two Namboodiri Ayurvedic doctors who get some patients referred form astrologers. Religious elements and astrology have been part of local vaidyam traditions in Kerala as much as Ayurvedic knowledge was part of astrological classical texts such as the magnum opus Prashnamarga that is still the basis of contemporary astrological practice in Kerala. For the modernization and scientization of Ayurveda, however, institutionalized Ayurveda had to be purified from the religious and ‘magic’ elements. It had to be ‘cleansed of esoterica, cleared of contradictions, sanitized of ghosts’ (Langford 2002, p. 17). On the margins of institutional Ayurveda, I know of at least two Christian Ayurvedic doctors specialized in mental health problems who use to refer some of their patients to Christian priests for deliverance prayers and exorcism. My impression was that most institutionalized Ayurvedic psychiatrists distinguished between high-caste Hindu healers with a family healing tradition and those healers either form lower castes or from the Muslim or Christian community whom they tended to denigrate as quacks. In general, there is some evidence that in establishing itself as a new actor in mental health care of Kerala, earlier friendly relationships between Ayurvedic practitioners and (Hindu) ritual healers tend to turn more hostile with the latter becoming quacks in the eyes of the former (for a similar process between institutionalized and non-institutionalized practitioners of Siddha medicine, cf. Sébastia 2013).

By one rhetorical maneuver of translating their field into psychiatry, Ayurvedic psychiatrists lay claim to the modern science of psychiatry, which developed as a medical subject in late-18th century Europe under specific historical circumstances. By a second rhetorical maneuver, they include the treatment of dosha unmada (madness caused by derangement of the doshas) and apasmara (convulsion, translated by Ayurvedic psychiatrists as epilepsy) along with graha unmada or bhuta unmada (exogenous madness) under this (re)invented Ayurvedic field of bhutavidya or psychiatry respectively. Although bhutavidya’s spirit-based etiology is discarded, and the classifications are reinterpreted as ‘personality disorders’ or ‘psychotic features’ and rarely used in diagnosing mental disorders, the whole project of reconfiguring bhutavidya as Ayurvedic psychiatry serves to tie up this newly created discipline with a reinterpreted past.
It is through these works of translation that Ayurvedic psychiatrists do two things: by translating ‘up’ the hierarchy of mental health care in Kerala and engaging scientific language, Ayurvedic psychiatry enters regimes of truth defined by the language of mainstream psychiatry. It enrolls itself as an actor in the mental health care network alongside other important actors: biopsychiatric and psychological practitioners; global, national and state mental health planners and plans; the pharmaceutical industry; psychopharmacological drugs; hospitals and clinics; counseling centers; classification manuals; and scientific journals. In contrast, by translating ‘down,’ Ayurvedic psychiatrists present the Ayurvedic procedure of vomiting as treatment for kaivisham (occult violence) for some of their patients with the pragmatic goal of increasing compliance, thus enrolling Ayurvedic psychiatry as a therapeutic actor in the network of ontologies and practices of occult violence. To go one step further and consider the argument from another vantage point, one could also argue that by this second rhetorical maneuver, Ayurvedic psychiatrists thus include kaivisham in the mental health care network and participate in the process of integrating possession and sorcery into the Kerala discourse of mental health and health care. In this way, Ayurvedic psychiatrists not only purify blocked channels in the body, but they also purify Ayurveda from allopathy on the one hand and from spirits and occult violence on the other. And just as the doshas flow between bodies, minds and ecologies, the complex and subtle translations that I have discussed in this article flow between diverse ideas, entities, agents, and practices and form Kerala’s network of mental health care.

Notes

1. Ayurvedic psychiatrists and laypersons use the terms ‘allopathy’ and ‘modern’ for denoting what anthropologists term biopsychiatry or mainstream psychiatry.
2. This study was conducted in accordance with the ethical guidelines of the German Research Foundation. Pseudonyms have been used in place of doctors’ and patients’ names. Patients verbally gave consent to participate and to the anonymous use of their cases. Interviews were conducted either in English or Malayalam. The latter were translated into English with the help of a research assistant and clinical staff.
3. [http://ccimindia.org/draft_syllabus_pg_mana.html](http://ccimindia.org/draft_syllabus_pg_mana.html).
4. Most allopathic psychiatrists are unaware of the existence of Ayurvedic psychiatry or that Ayurvedic doctors treat mental illness. They are ‘structurally blind’ (Sax 2014) to Ayurvedic psychiatry. Of those who do know, most are skeptical of its efficacy and suspect that Ayurvedic practitioners interfere with allopathic treatment.
5. The term ‘occult violence’ that I use here denotes malevolent practices intended to harm others. It does not refer to practices of ritual healing. The kaivisham treatment centers where patients are healed from the harmful consequences of kaivisham include practices of physiological and ritual purification and of praying. It is not the healing practices that involve ‘occult violence’ but those practices of ‘sending sickness’ (Farmer 1990).
6. It is difficult to know the authentic, original meaning of bhuta and graha. It can be speculated that there have always been multiple readings of these terms at the times of origin of the classical texts and over the centuries. An understanding of bhuta as ‘living being,’ a metaphorical understanding of grahas and an understanding of bhutas and grahas as referring to inner rather than to external processes might have existed along with a reading of these terms as spirits. As Smith (2006) and Langford (2002) have argued, however, the texts that form the textual corpus of institutional Ayurvedic clinical practice do refer to spirits and deities in their bhutavidya or graha chikitsa sections. For example, Sharma and Dash (2013) (6.9.16) writes, ‘Externally induced [ṣāntu] [madness, unmada] has as its [direct] cause attacks by gods, seers, celestial musicians, flesh-eating demons, semidivine protector demons, dangerous demons,
and deceased ancestors; [indirectly] it is the result of incorrectly performed internal and external vows, etc., and actions from a previous existence’ (translated in Smith 2006, p. 488). Moreover, the notions used in the texts that Smith translates as ‘inhabited,’ ‘overwhelmed,’ ‘tormented,’ or ‘possessed’ (2006, pp. 488–497) suggest spirit possession.

7. There still exists among informants a rhetoric about the absence of scientific studies in Ayurveda. In fact, there are studies of the effectiveness of Ayurvedic treatments using controlled clinical trials well outside of the world of student theses and some of these have appeared in mainstream medical journals. A search of the Medline database produces several such studies including publications in mainstream biomedical journals of successful clinical trials of Ayurvedic treatments for cirrhosis, arthritis and other problems. Moreover, there are American psychiatrist Nathan Kline’s classic studies of Rauwolfia serpentina for psychopathology in the 1950s (Kline 1954) which are well known in Ayurvedic circles in India). A direct analysis of such clinical studies of Ayurvedic treatments is, however, beyond the scope of the paper.

Ethical approval
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